

**MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.**

ATTORNEYS AT LAW

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ALEXANDRIA, VIRGINIA 22314

**RECEIVED  
CENTRAL FAX CENTER****JUL 02 2007**PATENT, TRADEMARK  
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FACSIMILE: (703) 684-1157

JOHN R. MATTINGLY\*  
DANIEL J. STANGER  
SHRINATH MALUR\*  
CARL I. BRUNDIDGE\*

DONNA K. MASON\*

COLIN D. BARNITZ  
GENE W. STOCKMAN  
OF COUNSELJEFFREY M. KEYCHUM  
Registered Patent Agent

\* Bar Membership Other Than Virginia

(703) 684-1120

Date: July 2, 2007

Facsimile Number: 571-273-8300

To: Examiner S.E. Chencinski  
Group Art Unit 3692, USPTO

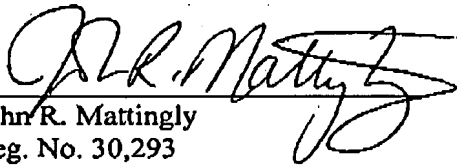
From: Mr. John R. Mattingly  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 09/873,259  
Attorney Docket No.: NIT-278

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;  
Amendment;  
Petition for Extension of Time for one month;  
Credit Card Payment Form in amount of \$120.00 in  
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John R. Mattingly  
Reg. No. 30,293July 2, 2007  
Date

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Form PTO-1083

Patent

**RECEIVED  
CENTRAL FAX CENTER**

In RE application of T. TANAKA et al

Case Docket No. NIT-278

JUL 02 2007

Serial No.: 09/873,259

Group Art Unit: 3692

For: METHOD AND APPARATUS FOR PROVIDING  
BROKER SERVICE TO AUCTIONS

Examiner: S.E. Chencinski

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	6	Minus	** 20	=
Indep.	2	Minus	*** 3	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

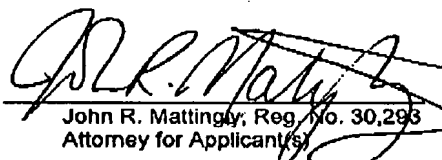
SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.
- ☒ A Credit Card Payment Form in the amount of \$ 120.00 is attached for 1 month extension of time
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

Mattingly, Stanger, Malur & Brundidge, P.C.  
 1800 Diagonal Road, Suite 370  
 Alexandria, Virginia 22312  
 Tel: (703) 684-1120  
 Fax: (703) 684-1157

By:   
 John R. Mattingly, Reg. No. 30,293  
 Attorney for Applicant(s)

Date: July 2, 2007